

Telemedicine Services

The 14-day comment period for the Telemedicine Services medical policy ended August 22, 2016. HHSC received comments from multiple stakeholders. A summary of comments relating to the proposed policy and HHSC responses follows.

Patient Site

Paragraph 3.4

Comment: A commenter supports telemedicine services available in a member's home to the fullest capacity available in the industry or within other community based organization/faith based organization as long as the member can retain appropriate privacy.

Response: Paragraph 3.4 is drawn from Texas Medical Board's rule in 22 Texas Administrative Code §174.6(d)(1). Paragraph 3.5 does allow for a client's home to be a patient site if a patient site presenter is available with the client, if there is a defined physician-patient relationship as set out in 22 Texas Administrative Code §174.8, and if the patient site presenter has sufficient communication and remote medical diagnostic technology for the physician to conduct a comprehensive evaluation.

Paragraph 3.7.1

Comment: A commenter asked for clarification of HHSC's interpretation: It is our understanding that a client's home is not an established medical site for the purpose of providing non-mental health services. We further understand that when non-mental health services are provided in a client's home, that a patient site presenter must be present, which is in keeping with the Texas Administrative Code. Finally, we understand that per Section 3.7 and 3.7.1, a patient site presenter is not required for non-mental health telemedicine services delivered in a client's home, as long as the services provided in the client's home are for pre-existing conditions previously diagnosed by a physician through a face-to-face visit.

Response: HHSC confirms the commenter's understanding of Section 3 (paragraphs 3.1-3.8) and Section 4 (paragraphs 4.1-4.4). A client's home is only considered an established medical site when the telemedicine services being provided are used to treat a mental health diagnosis or condition. A client's home can be a patient site provided that a patient site presenter is available, that there is a defined physician patient relationship as established in 22 Texas Administrative Code §174.8, and that the patient site presenter has sufficient communication and remote medical diagnostic technology for the physician to conduct a comprehensive evaluation. For follow-up treatment of a previously diagnosed client, a distant site provider has discretion to require that a patient site presenter be with the patient, as established in 22 Texas Administrative Code §174.6(b) and (c).

Paragraph 3.7.4

Comment: A commenter asked for clarification of HHSC's interpretation, specifically what is allowed for an "established patient". Can an established patient be transferred to an on-call provider? For example, TAC Title 22, Chapter 174.11 says "physicians, who are of the same specialty and provide reciprocal services, may provide on-call telemedicine medical services for each other's active patients." Will an on-call provider be able to bill Medicaid for this service even if he/she is not the client's PCP of record?

Response: The Texas Medicaid Provider Procedures Manual (TMPPM), Vol. 2: Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook outlines Medicaid requirements for reciprocal arrangements and locum tenens arrangements in section 9.2.2. This section provides instructions for

noting that a substitute physician has provided services on claims. The substitute physician must be enrolled in Texas Medicaid. This section would also apply to telemedicine services provided by substitute physicians.

Distant Site

Paragraph 6.1

Comment: A commenter asked if there are specific licensing rules for telemedicine or are provider licenses more traditional (e.g. physician, clinic)?

Response: HHSC has not imposed any additional licensing or certification requirements for telemedicine service providers. Providers should consult their state licensing board to determine if their board has any additional licensing requirements for telemedicine service providers.

Patient Site Provider Procedure Codes

Paragraph 39

Comment: A commenter stated they were unable to locate Q3014 in TMHP fee schedules - "The following procedure code is a benefit for patient site providers Q3014". We were unable to locate this code as reimbursable. If a new code, we ask the covered benefit effective date and the published code effective date in TMHP Static fee schedules match to reduce provider abrasion.

Response: Q3014 is available in the TMHP online fee lookup (OFL), and is currently payable to County Indigent Health Care Programs (CIHCPs), physicians (M.D.s, D.O.s, and clinic/group practices), and hospitals. The current policy review will add FQHCs and RHCs as the providers eligible to receive reimbursement for Q3014. For ease of use, HHSC will also direct TMHP to develop a static fee schedule specific to telemedicine, telehealth, and home telemonitoring services.